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BOROUGH



OF LEIGH

Education Committee

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

Year ended 31st December, 1931

LEIGH :

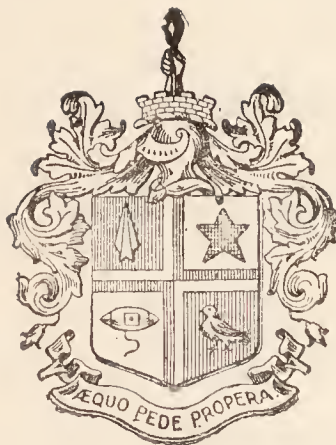
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CONTENTS

Artificial Light Clinic.....	29
Aural Clinic Report.....	40
Baths.....	33
Blind Children.....	38
Clinic Time-Table.....	9, 19
Co-operation of Parents.....	33
,, Teachers.....	34
,, Voluntary Bodies.....	37
,, School Attendance Officers.....	36
Committees.....	34
Co-ordination with other Health Services.....	9
Cripples	12, 16, 25
Deaf Children.....	38
Defective Children.....	38
Dental Clinic Report.....	43
Dental Defects.....	15, 24
Ear Diseases.....	15, 24
Epileptic Children.....	38
Eye Disease and Vision.....	14, 15, 22, 23
Following Up	17, 35, 36
Infectious Diseases.....	16
Meals.....	31
Medical Inspection	11, 13, 34, 36
Medical Treatment.....	19, 35, 36
Minor Ailments.....	13, 20
N.S.P.C.C.....	8, 37
Nursery Schools.....	9
Open-Air Schools.....	7, 26
Operative Clinic Report.....	42
Orthopaedic Clinic.....	6
Physical Training.....	31
Playing Fields.....	7
Routine Medical Inspection.....	12
School Hygiene.....	10
Schools—Accommodation.....	6
,, Attendance.....	5
,, Inspection of.....	10, 11
Skin Diseases.....	14, 21
Special Schools.....	6, 38
Staff.....	4
Summary of Work.....	39
Tables.....	44
Tonsils and Adenoids.....	14, 20
Tuberculosis.....	14, 21
Uncleanliness.....	78, 13



BOROUGH OF LEIGH, 1931

EDUCATION COMMITTEE.

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Deputy Chairman :

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„ W. BLACKSHAW, J.P.	„ PRESCOTT, J.P.
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„ GOUGH	<i>Co-optative Members :</i>
„ GREENOUGH, J.P.	Mr. C. H. COLLIER, J.P.
<i>Selected Members :</i>	Rev. J. E. EASTWOOD
Alderman SPEAKMAN, J.P.	„ L. S. MURDOCH
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Rev. Fr. FRASER	„ R. L. ROGERS
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„ BETTON	Mr. R. RATCLIFFE
	Mrs. MALLINSON
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Deputy Chairman :

Councillor BROOKS.

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Co-opted Members :

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Mr. T. LOWE	„ MOTTRAM
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SCHOOL ATTENDANCE COMMITTEE.

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HIS WORSHIP THE MAYOR (Councillor T. HINDLEY, J.P.)

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Rev. L. S. MURDOCH

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„ HASELDINE

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„ HIGENBOTTAM, J.P.

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„ KEARNEY

Mrs. MALLINSON

„ MACK, J.P.

„ ROBINSON

„ NEWTON

„ PRESCOTT, J.P.

„ C. H. UNSWORTH

Staff of School Medical Service.

Medical Officer of Health and School Medical Officer :

J. CLAY BECKITT, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officer of Health and Assistant School Medical Officer :

E. J. O'KEEFFE, M.R.C.S., L.R.C.P., D.P.H.

Operative Surgeon :

F. PEARCE STURM, M.Ch.

Aural Surgeon :

F. PEARCE STURM, M.Ch.

Dental Surgeon :

L. MORAN, L.D.S.

Health Nurses :

Miss BELYEA

Miss C. A. SMITH

Miss BOYDELL

Miss GOULDEN

Miss M. SMITH

*Miss SHORROCK

†Miss LEA

Clerk :

Miss MULROONEY

*Resigned 28th February, 1931.

†Appointed 17th September, 1931.

Town Hall,
Leigh.

To the Chairman and Members of the
Education Committee of the Borough of Leigh.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the Medical Inspection and Treatment of School Children in the Public Elementary Schools in the Borough of Leigh for the year ending 31st December, 1931.

The Statistical Tables show a considerable expansion of the work particularly in the Routine Medical Inspection carried out during the year.

The number of scholars thus inspected was 3,929 compared with 2,152 the previous year.

This increase is due to the strengthening of the professional staff by the appointment of the Assistant School Medical Officer.

More than half the scholars on the registers received a medical examination, the parents were informed of the defects found and advised what steps to take to secure a remedy.

This increase of work has had the effect of accentuating the difficulties of the clerical staff, and has shown very clearly that unless that side is strengthened there must be a slowing up of the activities. It is impossible for one clerk to cope with the clerical duties of the Service.

But for the assistance of other members of the staff and that of the Public Health Department the lagging behind of the clerical work would have led to serious confusion and a temporary cessation of some part of the Service.

This question requires urgent attention.

The following tables show the particulars of the Schools, accommodation and average attendance :—

Average on Register (4 to 14 years).....	6668
Average Attendance.....	6009
Percentage Attendance.....	90.1

	<i>Schools.</i>	<i>Departments.</i>	<i>Accommodation.</i>
Provided.....	1	 3	 940
Non-Provided.....	17	 31	 8157
	—	—	—
Total.....	18	34	9097
	—	—	—

SPECIAL SCHOOL.

Leigh Open-Air Camp School at Prestatyn.

Average on Register.....	60
Average Attendance.....	60
Percentage Attendance.....	100

Treatment continues to receive considerable attention, and quite a number of defects are now dealt with. Amongst others, enlarged tonsils and adenoids are operated on, defects of vision are corrected and spectacles provided, diseases of the ear and nose, dental and minor ailments, including skin diseases, blepharitis, ringworm, injuries and crippling conditions are treated.

Provision is made for the application of Artificial Sun-Rays to delicate children.

Arrangements have been made with the Lancashire County Council for orthopaedic treatment.

Nine cases were referred to the Orthopaedic Clinic at Tyldesley suffering from the following :—

Infantile Paralysis.....	1
Rickets.....	3
Bunions.....	1
Rickets (Bow Legs).....	2
Bow Legs.....	2

There are a number of children still in the ordinary classes who would greatly benefit by special methods of instruction. The system of having graded classes for more or less defective or backward children in the larger schools is worthy of the careful consideration of the Committee,

The Open-Air Camp School at Prestatyn was open for 13 weeks in the summer, during which time 120 scholars were in residence. Further particulars will be found on page 26.

Closely associated with the question of fresh air during school hours is that of playing fields for school children after school hours. The necessity of such provision becomes more acute every year.

The teaching of hygiene in the Schools received special attention during the year.

A conference of teachers, members of the Education Committee and School Medical Staff was held and the matter thoroughly discussed.

Evidence was produced that the importance of the subject was recognised and being taught, but not in a systematic or progressive manner. The adoption of the syllabus "Health Education" was advocated and I am satisfied, as a result of the meeting, more attention will be devoted to the subject.

Instruction in "baby craft" is supplemented by visits to the Welfare Centres of the girls about to leave School. They are shown approved methods of handling and dressing infants and observe directions given by the Medical Officer in the care and feeding of individual babies.

The prevalence of vermin in the children's heads, especially of girls, continues to be deplorable. It causes a serious loss of attendance and is often the commencement of more serious trouble. The introduction of septic matter into the scalp, through scratching, causes enlargement of the glands of the neck, and the glands thus weakened are naturally prone to tubercular infection and suppuration. As vermin decrease, so also do eczema and impetigo due thereto.

The girls' heads are inspected and re-inspected on the following occasions :—

- (a) Routine Medical Inspections.
- (b) Nurses' Routine Inspections for Cleanliness.
- (c) Frequent surprise visits for ascertaining Uncleanliness.
- (d) Every visit to the School Inspection Clinic.

The results of such examinations of heads and bodies are as follows :—

Total Inspections for Cleanliness.....	10975
Number of Children found Unclean.....	4183
Percentage ,, ,, ...	38

A close co-ordination between the School Medical Service and the various portals of Juvenile Employment is desirable. It would secure a higher standard of efficiency of the candidates for employment and a much diminished incidence of vermin in girls' heads if the S.M.O. was entrusted with certifying of children for employment instead of the Factory Certifying Surgeon.

The loss of wages appeals much more forcibly than any sense of moral responsibility or decency to a certain type of individual.

I have received hearty co-operation from the Teachers, who have rendered great assistance in securing early treatment and proper care for those requiring it, and referring doubtful cases for advice to the Clinics. The increasing number of cases referred by the Teachers is striking. I am satisfied they are anxious to support the objects of the Medical Service. I wish to tender them sincere thanks.

My gratitude is also due to the N.S.P.C.C. and its local representative, Inspector Adey, for his energetic, ready and most valuable assistance. My thanks are heartily tendered to the Health Nurses for their untiring devotion to duty and keenness to improve the service.

The Branch Centres in Coal Pit Lane and Nangreaves Street, used as School Clinics and Welfare Centres, have proved very valuable and useful on account of their situation in the midst of a congested industrial population and the relief of the pressure at Stone House.

The mothers of both districts have shown their appreciation of their proximity by their large and regular attendance and spontaneous desire to obtain the benefits, mostly in advice and guidance, the staff is able to afford.

The arrangement whereby the services of five of your Special Treatment Clinics are available for the treatment of infants and children of pre-school age suffering from ailments dealt with by those Clinics has continued to work very satisfactorily.

Many more children should, as a result, be able to enter school free from the special defects amenable to treatment by reason of their previous removal, and the danger of the permanency of the defect be largely discounted.

1.—SCHOOL CLINICS.

1. Minor Ailment	Stone House	Daily	9-30—11-0
	Coalpit Lane	Daily	9-30—11-0
	Nangreaves St.	Daily	9-30—11-0
2. Eye	Stone House	Thursday	 2-0— 4-0
3. Ear, Nose and Throat....	,,	Thursday	11-0—12-0
4. Dental	Old Town Hall	Daily (except Saturdays)	9-30—12-0
	,,	,,	 2-0— 4-0
5. Operative	Stone House	Wednesday	10-0—5 -0
6. Artificial Light	,,	Tuesday	 2-0— 4-0
	,,	Friday	 2-0— 4-0
7. School Clinic	,,	Thursday	 2-0— 4-0
8. Orthopaedic	Lancashire	Monday	 2-0— 4-0

County Council at Tyldesley.

2.—CO-ORDINATION WITH OTHER HEALTH SERVICES.

The School Medical Officer and the Assistant School Medical Officer are also Medical Officer of Health and Assistant Medical Officer of Health and have charge of the Child Welfare Organisation. Co-ordination of supervision is thus secured.

All the Nurses are also available for both Services, and give approximately half time to each.

There is no Nursery School in the Borough.

The care and treatment of debilitated children below school age are secured through the Maternity and Child Welfare Scheme by :—

Private Medical Practitioners.
 School Treatment Clinics.
 The Local Hospitals.
 Special Hospitals.
 Orthopaedic Clinic.

The Health Nurses visit the homes, advise the parents and endeavour to get every case properly treated.

3.—SCHOOL HYGIENE.

The Medical Officers have inspected all the Schools during the year. Considerable improvement in the sanitary condition has already taken place in a few Schools and is continuing more or less.

Other buildings, however, are far from suitable for the purpose of teaching and it strikes one as ironical to associate education with one or two of the buildings used.

The environment of the scholars must create, unconsciously perhaps, a toleration of just those conditions which education is intended to make him look upon as obnoxious and abhorrent and incompatible with an educated personality.

Hygiene, for instance, cannot be practically applied or demonstrated although attempts are made to teach it in the Schools.

The grounds of complaint most common perhaps are :—

Unpaved playgrounds.

Lack of facilities for washing and drinking.

Inadequate and improper cloak-room accommodation.

Insufficient and insanitary closet accommodation.

There is usually no arrangement for drying clothes, and the cloak-rooms are generally dark, cold and dirty.

It is quite exceptional to find reasonable facilities for the drinking of water and washing. All the Schools have town's water laid on.

All the Schools are provided with ashbins, which are emptied regularly by the Corporation staff.

Periodic inspections of the premises are made by the Sanitary Inspectors, and reports submitted to the Education Committee.

The ventilation of the school-rooms can be fairly good. Natural means are usually relied on, and where the teachers take an intelligent interest in the matter quite satisfactory results are obtained. There is not sufficient attention given, however, to the flushing of the rooms during the short play intervals.

The lighting of the class-rooms, with few exceptions, is satisfactory. Although the window area in many cases is below what is desirable, the absence of over-shadowing trees or buildings ensures a fair amount of light entering the room.

Most of the Schools lack reasonable accommodation for the teachers ; they have no retiring room, and usually no separate sanitary arrangements.

The cleansing of the Schools is very unsatisfactory. I consider they ought to be as clean as the rooms at home, but I am sure any housewife of average self-respect would be ashamed to see her floors and furniture in the state usually found in our Schools.

There is no arrangement in any of the Schools for the warming of meals that might be brought by the children to the School, but as the district is an urban one and surrounded by semi-urban districts with their own Schools, the children reside quite near the Schools at which they attend. It is unlikely that advantage would be taken of any facilities available.

4.—INSPECTION OF SCHOOL PREMISES.

The Schools are inspected regularly by the Medical Officers of Health and Sanitary Inspectors.

Minor complaints are immediately remedied, the more serious defects reported to the Committee.

5.—MEDICAL INSPECTION.

A.—Groups Inspected.

All the children present in School on the occasions were inspected belonging to the following age groups :—

- (a) Entrants—those admitted to School between the 31st March, 1930, and the 31st March, 1931.
- (b) Intermediates—Children born in 1922, if not inspected last year.
- (c) Children born during 1918, if not already inspected since they attained the age of 12 years.

(d) Special cases referred by the teachers, etc.

Also at Special Clinics :—

(a) Applicants for admission to Leigh Holiday Camp at Prestatyn.

(b) Children selected for admission to Leigh Open-air Camp School at Prestatyn.

B.—The Board's Schedule of Medical Inspection has been followed.

C.—Ascertainment of Cripples.

Infants suffering from congenital crippling conditions and those showing evidence of crippling diseases are referred to the Orthopaedic Clinic at Tyldesley.

This Clinic is run by the Lancashire County Council and is linked up with the Orthopaedic Hospital School at Biddulph for cases requiring inpatient treatment for a lengthy period, and Ancoats Hospital, Manchester, for operative cases of short residence.

A list for permanent record is being built up of all cripples, of whatever age, that are discovered.

D.—Disturbance of School Arrangements by Routine Inspection.

Very few Schools have a vacant room in which the inspection can take place and none has a room intended for the purpose. Consequently it entails a re-arrangement of the classes, making provision for at least one class in a room already occupied. In many cases the disturbance is even greater on account of the inspection room being entered from another class-room and all the children about to be inspected having to pass through this room.

The Head Teachers usually place their services at my disposal, and often the Assistant Teacher is present during the inspection of the members of his or her class. I encourage their presence, and find their observations of great value. They receive advice first hand, and undoubtedly take a greater interest in the defective condition when pointed out to them. They also act as an ideal link between the doctor and the parent in the absence of the latter, and are a potent factor in securing treatment by the more indifferent parent.

6.—FINDINGS OF MEDICAL INSPECTIONS.

Review of the facts disclosed by Medical Inspection :—

A.—Uncleanliness.

Frequent routine inspections for cleanliness are carried out by the Health Nurses.

Printed instructions for cleansing are given to the scholar to convey to the parent.

If necessary, the child is excluded. The case is followed up at once if excluded, or if on a subsequent visit to the School the cleansing has not been satisfactorily carried out. The child also attends the Inspection Clinic weekly.

Uncleanliness is also looked for during the routine inspection and at the Inspection Clinics. The same procedure is followed with regard to treatment.

The School Medical Staff is much encouraged by the increasing and consistent interest in this matter shown by the Teachers, and their determination that the children shall enjoy the pleasure of self-respect secured by a clean body.

Unfortunately, in spite of all our efforts, a satisfactory state of cleanliness seems beyond reach.

B.—Minor Ailments.

These consist of Impetigo, Eczema, Ringworm, Blepharitis Injuries, Enlarged Glands, Anaemia, etc. They are treated at the Minor Ailment Treatment Clinics by the Nurses under the supervision of the School Medical Officers, if not otherwise attended to after notice has been sent to the parent.

Excluding cases of uncleanliness, 1,215 were found during the course of inspection. Particulars of treatment are contained in Table IV. of the Appendix, and the following table shows the nature and respective numbers of the minor defects found :—

<i>Minor Defects.</i>	<i>No. requiring Treatment.</i>	<i>No. for Observation.</i>	<i>Total.</i>
Enlarged Glands (Non-T.B.).....	—	 401	 401
Defective Speech.....	29	 —	 29
Skin Diseases.....	196	 34	 230
External Eye Disease.....	126	 15	 141
Nervous Diseases.....	67	 3	 70
Other Minor Defects.....	250	 94	 344

C.—Tonsils and Adenoids (one or both).

The following table shows the number of children found at Medical Inspections to be suffering from these defects :—

<i>Enlarged Tonsils.</i>	<i>Adenoids.</i>	<i>Enlarged Tonsils and Adenoids.</i>	<i>Other Conditions.</i>
414	 78	 192	 36

Only those were referred for operative treatment who showed evidence of repeated catarrhal attack, deafness, otorrhoea, mouth breathing, etc., or the tonsils were so large as to manifestly warrant removal, or were the seat of sepsis.

D.—Tuberculosis.

Before the diagnosis is definitely adopted, every case, doubtful or otherwise, is referred to the Tuberculosis Officer for his diagnosis, and his opinion as to the infectivity of the condition, in order to arrive at a decision regarding school attendance. The following was the number of children so diagnosed by the Tuberculosis Officer.

(a) Pulmonary.....	—
(b) Non-Pulmonary.....	3

E.—Skin Diseases.

This table shows the number of children found suffering from the various skin diseases specified :—

<i>Impetigo.</i>	<i>Ringworm.</i>	<i>Other Diseases.</i>	<i>Total.</i>
98	 8	 124	 230

F.—External Eye Diseases.

Blepharitis was the most common disease found during inspection.

The persistence of treatment at the Minor Ailment Clinic appears to be reducing the percentage of children found suffering from the disease at the inspections of the older children and thus a diminution of the total number affected.

The following table shows the frequency of the several external eye diseases :—

<i>Blepharitis.</i>		<i>Conjunctivitis.</i>		<i>Other Diseases.</i>		<i>Total.</i>
52	....	50	....	36	....	138

G.—Vision.

Sight tests are not applied to entrants at the Routine Medical Inspection. Snellin's type is used for all others.

Children revealing an acuteness less than 6/9 in either eye are referred to the Ophthalmic Surgeon for test and prescription, if efficient correction has not been secured by the parent after notice of the defect has been sent.

The following was the number found with less than 6/9 or the subjects of squint :—

Defective Vision.....	662
Squint.....	71

H.—Ear Disease and Hearing.

The following table shows the number of children suffering from suppurative otitis media alone, deafness without present otitis, and those suffering from other diseases :—

<i>Otitis</i>		<i>Defective</i>		<i>Other</i>		
<i>Media.</i>		<i>Hearing.</i>		<i>Diseases.</i>		<i>Total.</i>
100	....	123	....	119	....	342

I.—Dental Defects.

This table shows the number of children with unsound or otherwise defective teeth as ascertained by the School Medical Officers :—

Number inspected.....	2969
Number found defective.....	819

Details of the result of inspection by the School Dentist are given in Section 9 (h) and in Group IV. of Table IV. of the Tables.

J.—Crippling Defects.

The following table shows the condition of cases found during the year :—

	<i>Infantile Paralysis</i>	<i>Lor- dosis</i>	<i>Bunions</i>	<i>Bandy Legs.</i>	<i>Rickets</i>	Total.
Boys.....	2	1	—	—	1	4
Girls.....	—	—	1	1	2	4
Totals..	2	1	1	1	3	8

7.—PREVENTION OF THE SPREAD OF INFECTIOUS DISEASES.

The success of any steps taken to prevent the spread of infectious diseases depends on the early and reliable knowledge of its presence.

This information is obtained by :—

- (a) Statutory notification by Medical Practitioners and others to the Medical Officer of Health, who is also School Medical Officer.
- (b) Weekly returns made by the Head Teachers of absences and the ascertained cause to the School Attendance Officers, and which are immediately submitted to the School Medical Service.
- (c) The Health Nurses.
- (d) The School Attendance Officers.
- (e) Daily return of fresh cases reported to be absent on account of infectious disease during its prevalence.

The first is the only really satisfactory means, as information received from parents is often quite unreliable.

Administrative action taken includes :—

- (a) Isolation of patient.
- (b) Nurses' visits to school affected, to detect and exclude suspicious cases.
- (c) Exclusion of certain contacts.

- (d) Secure home nursing and treatment.
- (e) Disinfection of Schools.
- (f) Destruction of patient's school books, etc.
- (g) Improve general sanitary condition of the Schools.
- (h) Free ventilation of the Schools.
- (i) Even distribution of the children over the maximum area available whilst in School.
- (j) Allow no infectious case or contact to be re-admitted until certified by the School Medical Officer.
- (k) Disinfection of the homes.

Patients suffering from Infectious Diseases are excluded from School and not re-admitted until after inspection by the School Medical Officer at the termination of the usual period.

Home contacts are excluded for two days only.

For the next fourteen days or so special arrangements are made for them to visit the Clinic each school-day and unless examination reveals evidence of illness they are sent on to school.

By this means they are under daily observation of the Health Staff, and the loss of school attendance diminished.

In the case of Measles, Whooping Cough and Chicken-pox, only the infant contacts and other children who have not had the disease are excluded and inspected before re-admission.

Sweeping the floors of the class-rooms with "dusmo", by preventing the dissemination of dust and its lodging on the furniture, ledges, etc., I think must tend somewhat to diminish the danger of infection in the School.

The following is a summary of infectious diseases affecting school children during the year :—

Scarlet Fever.....	16
Diphtheria.....	33
Pneumonia.....	15

8.—FOLLOWING UP.

Following the Routine Medical Inspection a notice is sent to the Head Teacher specifying the defect or defects found in each child in the School, with a request that any serious alteration in the condition should

be at once notified, and that every opportunity should be taken to impress upon the parents the advisability of securing the necessary treatment.

A notice is also sent to the parents, or handed to them if present, stating the defect found, and requesting them to seek medical advice.

The parents of those found defective are subsequently asked to bring the child to the Inspection Clinic, and if treatment has not been received, or is shown not to be satisfactory, a strong appeal is made to secure efficient treatment at once, and in appropriate cases the services of the Treatment Clinics are offered.

If the parent does not attend or the interview is unsatisfactory, the Nurse visits the home and discusses the matter with the parent.

In the event of failure to secure it where treatment is reasonably available, the influence of the School Attendance Officer or the Inspector of the National Society for the Prevention of Cruelty to Children is solicited, according to circumstances.

There are six Health Nurses engaged rather more than half time in School work, the rest of their time being given to Maternity and Child Welfare duties. Their School duties include attendance at :—

- (a) *Schools*—(1) Frequent Visits.
- (2) Systematic Inspections for Cleanliness.
- (3) In connection with outbreaks of Infectious Disease.
- (4) Examination of cases at request of Teachers.
- (5) Arranging Routine Inspection.
- (b) *Clinics*—(1) Inspection Clinics.
- (2) Treatment of Minor Ailments.
- (3) Ophthalmic Clinic.
- (4) Operative Clinic.
- (5) Aural Clinic.
- (6) Dental Clinic.
- (7) Artificial Light Clinic.
- (c) *Homes* —(1) Following up defective children when treatment has not been secured.

- (2) To instruct and demonstrate to parents home treatment, especially with regard to cleanliness.
- (3) Ascertain cause of absence from Inspection or Treatment Clinic.
- (4) Investigate home conditions in cases of bad clothing and footgear.

The following is the time-table of the Clinics :—

TIME-TABLE OF CLINICS.

		<i>Stone House.</i>	<i>Coal Pit Lane.</i>	<i>Nangreaves Street.</i>
Monday	—Morning	Minor Ailment	Minor Ailment	Minor Ailment
	Afternoon	Maternity and Child Welfare	....	....
Tuesday	—Morning	Minor Ailment	Minor Ailment	Minor Ailment
	Afternoon	Artificial Sunlight	Sewing Class	....
		Sewing Class	....	....
Wednesday	—Morning	Minor Ailment	Minor Ailment	—Minor Ailment
		Operative	....	....
	Afternoon	Operative	Maternity and Child Welfare	Maternity and Child Welfare
Thursday	Morning	Minor Ailment	Minor Ailment	Minor Ailment
		Aural	....	....
	Afternoon	Inspection	....	....
Friday	—Morning	Minor Ailment	Minor Ailment	Minor Ailment
	Afternoon	Artificial Sunlight	....	....
Saturday	—Morning	Minor Ailment	Minor Ailment	Minor Ailment

The Dental Clinic is held at the Old Town Hall, King Street, and is open morning and afternoon daily during the School week except when dental inspection is being undertaken in the Schools.

9.—MEDICAL TREATMENT.

On the recognition of a defect the parent is informed of the fact by letter, or verbally if present, and is requested to consult the family doctor with a view to treatment. The Head Teacher is also notified of the defect.

A defect card is made out and the child subsequently called for re-examination.

If efficient treatment has not been obtained further pressure is put on the parent to take steps to secure it, or the services of the Special Treatment Clinics, in suitable cases, are offered. Minor Ailments, Dental, Aural, Ophthalmic, Operative, Orthopaedic and Artificial Light Clinics have been held during the year.

Treatment of ringworm of the scalp is now available by X-rays at the Leigh Infirmary.

Treatment of many minor conditions outside the Clinic is far from satisfactory. The length of time taken is out of all proportion to what is required under supervised energetic measures, and if exclusion from School is necessary, the loss of education to the child and grant to the Authority is serious.

(a) Minor Ailments.

The following diseases are included under this heading : External Eye Diseases, Skin Diseases, Otorrhoea, Wounds, etc.

Treatment is carried out by the Nurses under the direction of the School Medical Officers and Aural Surgeon. The Clinics are held each morning at Stone House, Coal Pit Lane and Nangreaves Street.

The children who attend are examined by the School Medical Officers at the Weekly School Clinic and the Surgeon at the Aural Clinic.

To interfere as little as possible with the education of those children who are not excluded, a "Clinic Attendance Card" is used, the child conveying it to and from the School and Clinic, with the times of departure marked on it.

An increasing number of school children are being referred to the Clinic by the general practitioners of the district and the teachers. Statistical particulars are given in Table IV. Group I.

(b) Tonsils and Adenoids.

These defects continue to be more prevalent than is desirable.

In the case of enlarged tonsils in particular, great care is taken to distinguish between those merely showing their presence and those producing effects prejudicial to health. Only those are sent for operation who show evidence of the conditions producing physical disability or are manifestly septic.

The parent is interviewed and written consent for operation obtained. Printed directions for preparation and after-treatment of the child are given.

The children are brought to Stone House in the morning and put to bed for three hours before operation. They are retained till evening and examined by the Surgeon or Anæsthetist before being sent home in the ambulance. When necessary the children are detained overnight.

Special and detailed instructions for breathing exercises are given and parental supervision is insisted on. Inspection takes place eight days later, and the child is usually fit for school on the twelfth day.

A special report on the work of the Clinic by the Surgeon will be found on page 42.

(c) Tuberculosis.

All cases—Pulmonary or Non-Pulmonary—are referred to the Tuberculosis Officer, through the parent, and appointments are made for the purpose. The influence of the School Medical Service is used to secure regular attention to treatment.

The services of the Tuberculosis Officer are used to decide the question of infectivity and fitness for school attendance.

All children of school age notified to the Medical Officer of Health as suffering from Tuberculosis are brought under the notice of the School Medical Department.

(d) Skin Diseases.

Treatment is received from—

- (1) Minor Ailment Clinics.
- (2) Artificial Light Clinic.
- (3) Private Practitioners.
- (4) Manchester Skin Hospital.
- (5) Tuberculosis Dispensary.

By far the most satisfactory means are the Clinics ; cure is ensured much earlier, and school absence is avoided in suitable cases.

Impetigo is the most common infectious skin disease, and produces the greatest interruption in school attendance.

X-Ray treatment is now available for Ringworm, but there is no cleansing station for Scabies and other forms of uncleanness.

Details are shown in Table IV. Group I.

The heads of children infested with lice are cleansed by the Nurses at the Minor Ailments Clinic or by the mothers under the supervision of the Nurses. The Inspector of the N.S.P.C.C. is very useful in dealing with careless and defiant parents.

(e) External Eye Diseases.

These conditions receive treatment through one or other of the following :—

- (1) Private Practitioners.
- (2) Manchester Eye Hospital.
- (3) Minor Ailment Clinics.

The acute conditions generally procure efficient and energetic treatment, but the diseases which occur usually in a more chronic form, such as Blepharitis, require such prolonged and regular attention that apathy and carelessness often ensue before a cure is obtained. The result in these cases is distinctly unsatisfactory. Free treatment at the Clinics is the most promising method, and when it can be supplemented by residence in Open-air Camp School or Holiday Camp the result is most encouraging.

Sixty cases were treated at the Minor Ailment Clinic.

Cases of Squint are treated as defects of vision.

(f) Vision.

Cases of acuteness of vision of $\frac{6}{9}$ and less, and Squint, are referred to the Ophthalmic Clinic for examination and treatment.

The routine followed at the Ophthalmic Clinic is as follows :—

After a preliminary examination of the eyes, a mydriatic, consisting of an oily solution of homatropine and cocaine, is placed inside the lower lid of the children about to be tested. They then return to the waiting-room, while those tested under the mydriatic the previous week are examined by the same surgeon subjectively, and suitable frames selected from samples.

The retinoscopic examination of the fresh cases is then proceeded with and the findings recorded. The children tested on previous occasions, and whose spectacles have been received, are also re-examined, with the spectacles *in situ*, to check the accuracy of the lenses and the fit of the frames.

Approximately six fresh cases and six re-examinations are dealt with at each session.

One hundred and seventy-one children were examined at the Ophthalmic Clinic during the year.

When glasses are procured, either privately or through the Ophthalmic Clinic, the Teachers are notified and requested to insist on the wearing of the glasses according to instructions.

Below are particulars of the work in tabular form :—

Nature of Treatment.

<i>Examined by</i>		<i>Subjective</i>		<i>Spectacles</i>		<i>Spectacles</i>		<i>Re-examined</i>
<i>Retinoscopy</i>		<i>Examination</i>		<i>Prescribed</i>		<i>Supplied</i>		<i>with Spectacles</i>
171	....	168	....	168	....	168	....	168

Nature of Defect.

<i>Hypermetropia</i>		<i>Myopia</i>		<i>Astigmatism</i>		<i>Various.</i>
66	....	53	....	51	....	—

Sundry.

Referred to Eye Hospital.....	—
Referred to School for Blind.....	—
Spectacles unnecessary.....	2
No change in Spectacles.....	1
Number of Clinics held.....	36
Number of Attendances.....	515

A parent is invariably in attendance and receives the necessary instructions as to the use of the glasses and future attention.

(g) Ear Disease and Hearing.

Otorrhoea is treated by referring the cases to :—

- (a) Private Medical Practitioners.
- (b) Special Hospital.
- (c) Aural Clinic.
- (d) Minor Ailment Clinics.
- (e) Special Department of the Leigh Infirmary.

The condition requires such long and persistent treatment that it is found the absence of control, associated with the two former channels, leads to slackness and early abandonment of treatment. Little assistance in the treatment can be obtained in the children's homes, and it is clear the Clinic is the only means by which cure can be anticipated. A Special Clinic, under the supervision of an Honorary Specialist, has now been carried on for eleven years with very considerable success, advantage being taken to get the condition adequately treated in the early stage. Apart from the presence of wax in one or both ears, deafness was found to be due to Middle Ear Disease caused by Measles, Scarlet Fever, or other infective Catarrhal Disease and Tonsils and Adenoids. Adenoids are found to be almost constantly present, and their removal has been found essential to successful treatment.

Treatment is urged in every case, and the necessity of persistence pointed out if attendant dangers are to be avoided and cure obtained.

Further particulars of the work carried out will be found in the report of the Aural Clinic on page 40.

(h) Dental Defects.

The teeth are inspected at the Routine Medical Inspection by the School Medical Officer, and the children forming the five to eleven years old group are inspected by the Dentist in the Schools, together with those who have been previously treated.

Children found by the Dentist requiring treatment are handed a form to take to the parents informing them of the defect and the necessity for treatment. They are asked to indicate on the form their willingness to procure private treatment or accept the services of the Dental Clinic. This form is returned immediately to the Head Teacher for transmission to the office.

An immediate decision by the parents, on being acquainted with the necessity for attention, is more likely to be followed by treatment, and in the case of those selecting the services of the Clinic, their signatures to the form constitute "consent for treatment."

Details of treatment will be found in Group IV, Table IV.

(i) Crippling Defects.

The most common causes of crippling conditions are :—

- (a) Infantile Paralysis.
- (b) Rickets.

Rickets and Congenital Deformities also contribute.

The following table shows the cause of the crippling conditions in the area as far as can be ascertained :—

Rickets and Knock Knee	Curvature of Spine	Infantile Paralysis	Torticollis	Hammer Toe	Rickets	Heart Disease	Club Foot	Stiff Left Shoulder	Congenital Deformity	Acute Spondylitis	Lordosis	Bunions	Total
2	1	23	1	1	11	1	1	1	1	1	1	1	46

The Tuberculosis cases are referred to the Tuberculosis Officer, and are kept under our joint observation, with mutual endeavours to secure appropriate treatment, and insisting on the parents giving the necessary facilities.

For other crippling conditions, with the exception of Heart Disease arrangements have been made with the Lancashire County Council for minor treatment and after-care at the County Orthopaedic Clinic at Tyldesley, three miles away. The Clinic is staffed by a Senior and a Junior Orthopaedic Surgeon, a fully trained Sister, etc.

Cases requiring operative treatment with confinement to bed for short period only are admitted to Ancoats Hospital, Manchester. If a more prolonged residence is required the patient is sent to the County Orthopaedic Hospital School at Biddulph.

The Surgeons of the Clinic carry out the operative treatment in both institutions.

Nine school children were referred to the Clinic during the year.

10.—OPEN-AIR EDUCATION.

There is no Open-Air School or Class-room in the area, but the Education Authority has an Open-Air School at Prestatyn, North Wales, utilising premises and the services of the Domestic Staff of the Leigh Children's Holiday Camp Committee on a *per capita* basis.

The Resident Staff consists of three teachers and a Nurse who acts as Nurse and Matron. The Medical Service is under the supervision of the Leigh School Medical Officers with the assistance of a Prestatyn Medical Practitioner.

In April some 150 children who were known to be suffering from one or more physical defects were reported on Form 40 A.D. and a selection made of the most suitable cases for recommendation to admission to the Camp School. The final selection was made of 33 boys and 27 girls, a total of 60.

They remained in residence for a period of six weeks, up to the commencement of the Leigh Elementary Schools holidays.

The procedure was repeated for the second term, and 60 other children were admitted. They were in residence for a period of seven weeks.

The total number of children in residence was 120.

The following table shows the number of children in the School at the respective ages :—

Age (years).....	7	8	9	10	11	12	13	14	Total
Boys.....	3	7	18	19	14	—	—	—	61
Girls.....	2	8	5	18	9	9	8	—	59
Totals.....	5	15	23	37	23	9	8	—	120

The following list shows the number of boys and girls certified as suffering from the specified defects :—

	Boys		Girls.		Total.
Anæmia	24	....	30	....	54
Anæmia and Billiousness.....	—	....	1	....	1
Anæmia and Rickets	1	....	4	....	5
Anæmia and Chronic Otitis	1	....	—	....	1
Anæmia and Carditis .....	—	....	1	....	1
Anæmia and Rheumatism	5	....	1	....	6
Anæmia and Neurotic.....	1	....	—	....	1
Anæmia and Adenitis.....	1	....	—	....	1
Anæmia and Congenital Paresis of Right Arm and Leg.....	1	....	—	....	1
Anæmia and Cervical Glands	2	....	—	....	2
Anæmia and Chronic Bronchitis	1	....	—	....	1
Anæmia and Chorea	1	....	1	....	2
Anæmia and Otorrhoea	1	....	—	....	1
Anæmia and Alopecia	1	....	—	....	1
Bronchitis and Rheumatism.....	—	....	1	....	1
Bronchiectasis.....	—	....	1	....	1
Bronchitis, Anæmia and Rheumatism.....	—	....	1	....	1
Bronchitis and Anæmia	5	....	1	....	6
Bells Palsy and Anæmia	1	....	—	....	1
Bronchitis Rickets and Anæmia	1	....	—	....	1
Chorea and Carditis.....	1	....	—	....	1
Chronic Bronchitis.....	1	....	2	....	3
Chronic Bronchitis and Anæmia	2	....	1	....	3
Chronic Bronchitis and Cardiac Hypertrophy.	2	....	—	....	2
Chorea.....	—	....	1	....	1
Chorea and Bronchitis.....	1	....	—	....	1
Carditis and Cardiac Hypertrophy.....	2	....	1	....	3
Convalescent Scalded Legs.....	—	....	1	....	1
Cervical Adenitis and Anæmia .....	—	....	1	....	1
Convalescent Goitre Operation.....	—	....	1	....	1
Gastritis and Anæmia	1	....	—	....	1
Gastritis and Bronchitis.....	1	....	—	....	1
Neurotic.....	—	....	1	....	1
Old Otitis Media.....	—	....	1	....	1
Rheumatism	1	....	3	....	4
Rheumatism and Carditis	1	....	—	....	1
Rheumatism and Rheumatic Carditis	1	....	1	....	2
Rickets.....	—	....	1	....	1
V.D.H. and Anaemia.....	—	....	2	....	2
	—		—		—
Totals.....	61	....	59	....	120

The School was opened on 16th May, 1931. The term extended from that date until the Leigh Schools Holidays, which commenced on 26th June. It was re-opened 27th July and continued until 12th September, 1931.

Every child received benefit from the residence in the School, particularly in respect of the defect for which it was admitted.

The weight is almost the only means which lends itself to simple, yet accurate determination, and at the same time capable of being easily recorded.

Taking this as the test of improvement in health, the result is quite striking. The total increase in weight of the children was $491\frac{1}{2}$ pounds, giving an average of 4.09 pounds per scholar during seven weeks residence.

The individual gain is shown thus :—

<i>Number of Scholars.</i>	<i>Gain in Weight</i>	<i>Percentage of total admissions (approximately).</i>
—	Nil	—
3	$\frac{1}{2}$ pound	2.5
6	1 „	5.0
1	$1\frac{1}{2}$ „	.83
11	2 „	9.1
8	$2\frac{1}{2}$ „	6.7
15	3 „	12.5
8	$3\frac{1}{2}$ „	6.7
13	4 „	10.83
11	$4\frac{1}{2}$ „	9.1
11	5 „	9.1
2	$5\frac{1}{2}$ „	1.7
10	6 „	8.33
3	$6\frac{1}{2}$ „	2.5
4	7 „	3.33
2	$7\frac{1}{2}$ „	1.7
2	8 „	1.7
1	$8\frac{1}{2}$ „	.83
2	$9\frac{1}{2}$ „	1.7
1	10 „	.83
2	11 „	1.7

The maximum individual gain in weight was 11 pounds.

The minimum individual gain in weight was $\frac{1}{2}$ pound.

Four lost weight.

The average gain in weight was 4.09 pounds.

Apart from the defects for which the scholars were admitted, very little illness was experienced.

The small amount of sickness I consider was in no small measure due to the great care exercised by the Nurse, particularly during the first few days, while the children were becoming accustomed to the change in their surroundings and mode of living. The healthier conditions under which they were living no doubt also assisted in maintaining and improving their health.

Scratches, knocks and bruises were the only medical troubles.

The routine diet had been carefully selected for the class of child to be fed. It was very varied, fruit and milk being freely supplied.

The calorific value of the food averaged approximately 2,300 calories per day. It is considered 1,500 calories per day sufficient for an average child of 10. The amount of weight gained clearly shows they had quite sufficient, and the constituents were fairly well balanced.

From the physical point of view the undertaking must be looked upon as being highly successful.

The general opinion of the teachers, expressed after the children had returned to their ordinary schools, was that they showed greater alertness, mentally and physically, and were more sociable and responsive.

The keenness with which the parents and scholars seek a second admission indicates the popularity of the School and the recognised improvement in health to be secured.

11.—ARTIFICIAL LIGHT CLINIC.

This Clinic was held twice weekly. The patients are school children and children of pre-school age. Sixty-two school children were treated during the year.

A mercury vapour suspended lamp, which can be readily adjusted, fitted with the K.B.B. atmospheric type burner, is used.

Cases suffering from the following conditions have been treated :

Chronic Bronchitis	Convalescent Whooping	Debility following
Malnutrition	Cough	Pneumonia
Adenitis	Chorea	Infantalism
Infantile Paralysis	Debility	Purpura
Alopecia	Rickets	Mongolia
Nervousness	Anaemia	Asthenia

The dose, which is progressive, is recorded in each case by means of the distance from the lamp and time of exposure, and frequent examinations of the children are made to determine the value of the treatment.

One is often asked to express an opinion on the value of the treatment. There is no doubt about the benefit to be received by this in rickets, especially in the active stage. The same may be said of several other conditions, particularly nervousness, anaemia, general debility, ulceration of the cornea, chorea, alopecia and enlarged glands; a retarded, fretful flabby infant whose mother says it is constantly wailing, sweating, sleepless and jumping at night, after six or eight exposures presents an entirely different picture. Teething will have proceeded rapidly, walking will have been attempted and the whole night passed in sleep.

Considerable straightening of bowlegs in rickets also takes place.

The nervous, irritable child with erratic appetite soon shows improvement under the treatment.

Good results have been observed in two cases of rather severe asthma.

To sum up it can safely be said that in some conditions Ultra Violet Rays have a particular or specific curative effect, and in others they act by improving the general condition of the body and so are well worth their place in schemes of prevention and treatment undertaken by a Health Authority.

12.—PHYSICAL TRAINING.

Instruction in physical training is given by the teachers in the respective schools.

The School Medical Officers take advantage of every opportunity to observe the classes and discuss with the teacher any matters which arise. They also advise—in regard to individual children either referred to them for the purpose or which are met with in other ways—as to a modification of the training, application of special training, or entire omission of physical exercises.

Greater and more intelligent interest is being taken in the subject by teachers and pupils alike, but some of the schools lack the convenience of a covered area in which physical exercises can be taken in wet weather.

13.—PROVISION OF MEALS.

Dinners and breakfasts are provided by the Authority, and are partaken of in a centrally-situated dining-room, with kitchen attached.

The children attending distant schools are brought in by bus at the expense of the Education Committee.

Meals are provided six days a week and continue through the holidays.

The dietaries are submitted for the approval of the School Medical Officer before being adopted and contain approximately 700 calories per dinner and 500 calories per breakfast.

The children are recommended by the teachers, Medical Service Staff, &c., and the circumstances of the parents ascertained by the School Attendance Officers and judged by the scale adopted by the Education Committee as to whether the meals are to be supplied free.

Appended is a list of the menus in use during the year :—

Two-Course Dinners for 50 Children.

Monday.	Approximate Calories per Meal	Tuesday.	Approximate Calories per Meal.
Meat and Potato Pie		Soup, Bread, Suet Pudding	
Rice Pudding		with Syrup.	
6 lbs. Meat		4 lbs. Meat	
40 lbs. Potatoes		6 lbs. Haricot Beans	
3 lbs. Flour		2 lbs. Lentils	
1 lb. Lard	650	2 lbs. Barley	
		3 lbs. Carrots	
		3 lbs. Turnips	700
Wednesday.		Thursday.	
Stewed Beef and		Meat and Potato Pie	
Jam Roll		Rice Pudding	
5 lbs. Meat		6 lbs. Meat	
40 lbs. Potatoes		40 lbs. Potatoes	
4 lbs. Peas		3 lbs. Flour	
1 lb. Flour	700	1 lb. Lard	650
Friday.		Saturday.	
Irish Stew and College		Meat and Potato Pie	
Pudding with Custard		Rice Pudding	
6 lbs. Meat		6 lbs. Meat	
40 lbs. Potatoes		40 lbs. Potatoes	
4 lbs. Carrots		3 lbs. Flour	
4 lbs. Turnips		1 lb. Lard	650
4 lbs. Onions	650		
Average Cost per Dinner..... 4½d.			
,, ,, Breakfast..... 2d.			
Average Number of children fed..... 167			
Maximum ,, ,, ... 237			
Minimum ,, ,, ... 110			

Great care is exercised as to the cleanliness of the kitchen, dining-room and utensils ; the food is of the best, well cooked, ample and most cleanly served ; and the Superintendent is to be congratulated on the very efficient manner in which the service is carried out.

A commodious wooden building has recently been erected, fitted with hand-bowls and hot and cold water, in which each child washes before partaking of their meal. The building also acts as the waiting-room for those awaiting a seat in the dining-room.

In most of the Schools and particularly in the Infant Schools or Departments the teachers have organised a voluntary scheme whereby a third of a pint of bottled fresh milk is supplied at the minimum cost each morning or in some Schools a preparation of somewhat similar composition is used instead.

The value of milk to the normal growing child, particularly during its earlier years, may be taken as beyond all question.

The need is much magnified in the case of the debilitated, delicate and undernourished child.

The latter often respond in a remarkable manner and reveal the benefit by a brightening up physically and mentally.

It is pleasing to note an endeavour is made by the teachers to secure a supply for those children also, whose parents, by reason of economic circumstances, are unable to find the few coppers necessary. I feel the teachers are making a very valuable contribution to the permanent welfare of the children by undertaking the organisation and giving of their personal service in carrying out the scheme.

14.—SCHOOL BATHS.

No baths are provided at the schools, but the Leigh Corporation have allotted hours for the exclusive use of their swimming baths by school children. Use is made of this privilege to the fullest extent, and instructors are provided.

15.—CO-OPERATION OF PARENTS.

The parents of every child in the age group about to be inspected receive a notice from the Head Teacher that their child will be medically examined on such a day and time, with an invitation to be present. The parents of the younger children avail themselves of the opportunity in considerable numbers, and the parents of the older children are now attending in increasing numbers. Their presence is a great advantage to the School Medical Officer and a benefit to the child, inasmuch as advice with regard to treatment is much more often acted upon than in other circumstances. The defective condition can be pointed out and the necessity for treatment explained in a manner much more appreciable than by letter. The lack of reasonable waiting-room accommodation at the schools is certainly a deterrent in some cases.

In every case of an ascertained defect the parent is notified of the nature of the defect, and a request is made to consult the private medical practitioner with a view to securing appropriate treatment. The parent is later asked to bring the child to the Inspection Clinic, so that the efficiency of the treatment, if obtained, may be ascertained.

If the necessary steps have not been taken, or are insufficient, further effort is made to impress the parents of its importance, or the service of the Treatment Clinic is offered.

It is evident without the co-operation of the parent little treatment can be secured, and that even of minimum value.

The ability to offer treatment for the more prevalent defects at the Special Treatment Clinics has made the service much more efficient, and enabled the School Medical Officer to, more or less, insist on treatment being obtained when necessary.

The attitude of the parent has of recent years undergone a considerable change in regard to their concern for the health of their children, and it is unusual to come across any unwillingness to seek treatment except perhaps as a result of financial inability to meet the expense. An endeavour is made to overcome these difficulties, usually with success.

16.—CO-OPERATION OF TEACHERS

(1) **Medical Inspections.**

The teachers undertake to inform the parents of the children in the age group about to be inspected by a notice giving date, time and place, and an invitation to be present at the inspection.

They ascertain, by circular, the previous illnesses from which the individual child has suffered, entering them with the height and weight, age, etc., on the Medical Inspection Card.

They make arrangements, as convenient as the circumstances of their school buildings will allow, for suitable rooms for the use of the School Medical Officer and waiting-rooms for the parents.

The Head Teacher—and frequently also the Class Teacher—is present at the inspection, assisting in the general management, giving information of facts observed by them with regard to the children, and receiving opinions and advice from the School Medical Officer in connection with the defects found.

The teachers also present, for special inspection at the Routine Medical Inspection, children not of the age groups due for Routine Inspection who, in their opinion, show evidence of physical or mental defect. Such children are sent by the teachers at other times to the Inspection Clinic and Minor Ailments Treatment Clinics.

(2) Following up.

At the close of the Routine Inspection of a School a list is sent to the Head Teacher of those children found defective, giving the nature of the defect. They are asked to take advantage of every opportunity to bring the defect before the parents and urge the importance of securing treatment.

Any material change for the worse in the condition of the ailment is brought to the notice of the School Medical Officer by the child being sent to the Inspection Clinic.

(3) Treatment.

I am satisfied the teachers are anxious to co-operate in securing treatment and try to influence parents as opportunities occur. They send the children who are referred to the Treatment Clinics regularly and punctually. A system of “Clinic Attendance Cards” is in use for those attending school, whereon is marked the date and time of the next visit to the Clinic, the time of leaving school for the purpose and the time of dismissal from the Clinic. The card is retained by the teacher till attendance at the Clinic is no longer required, except when the child is actually making the visit to the Clinic.

I think the teachers appreciate the definite information of the child’s movements obtained by this means, and realise they are more than compensated for the attention required to carry it out.

The frequency with which the teachers send to the Inspection Clinic children known by them to be suffering from defects convinces me that they are anxious to secure a remedy as early as possible, and are prepared to exert themselves for the purpose.

17.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

(1) Medical Inspection.

By procuring the entrance to school of all children as soon as they attain school age, and ascertaining the arrival in the district of all newcomers, they make the group submitted for inspection as complete as possible.

(2) Following up.

The School Attendance Officers are made aware of those cases of defects in which no effort is made to secure treatment. If absence from school on account of sickness follows, capital is made of the parents' neglect and dealt with accordingly.

Absence from Inspection or Treatment Clinics is also reported to them. Their investigation usually secures attention.

The list of absentees on account of alleged sickness is supplied by the Attendance Officers to the Nurses, who visit the homes as far as the limited staff will allow, or the children are called to the Inspection Clinic if the nature of their ailment will permit.

(3) Treatment.

The School Attendance Officers use their influence to induce parents to seek the medical treatment advised. If persistent neglect to do so or refusal is met with, and exclusion from school is involved, the officers report the parents to the School Attendance Committee. There is a daily consultation and exchange of information between the School Attendance Officers and Nurses, who in turn report to the School Medical Officer any matters considered by them to be necessary. All cases of persistent irregularity of attendance, and those absent through alleged sickness, are referred by the School Attendance Officers to the School Medical Officer for examination and report. The officers likewise report all cases of non-notifiable infectious diseases ascertained by them.

The officers also contribute to the compilation of the lists of cripples, blind, deaf, epileptics and mentally affected.

There is a very close co-operation between the School Attendance and School Medical Services with a view to securing as regular attendance as possible, or if absence is necessary on account of sickness, procuring the appropriate treatment as speedily as possible.

18.—CO-OPERATION OF VOLUNTARY BODIES.

The services of the N.S.P.C.C. are utilized to promote cleansing of children's heads and bodies and in securing treatment by neglectful parents. The Local Inspector has rendered invaluable help in these directions with the greatest willingness. His services have been exceedingly useful in dealing with negligent parents of children suffering from defects of vision and other conditions likely to lead to serious defects where adequate treatment is not being secured.

A weekly consultation is held between the Inspector, School Attendance Officer and a representative of the Medical Service.

The Leigh Guild of Help has frequently responded with assistance in cases represented to them as deserving. Other organisations have also assisted in the payment of train fares for cases visiting special Hospitals for treatment.

The Leigh Needlework Guild and the Save the Children Fund have provided a considerable number of articles of clothing for necessitous children.

These organisations administer their help to school children through the Health Nurses.

The Local Clog Fund—through the Chief School Attendance Officer—provides necessitous children with clogs.

This Fund has been relieved somewhat by the Coalfields' Distress Fund supplying footwear to the children of partially or wholly unemployed miners.

Two hundred and seventy pairs of clogs or boots were supplied by this fund.

19.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN

Lists are being compiled of children suffering from :—

Crippling Conditions	Blindness
Physical Defects	Deafness
Mental Defects	Epilepsy

Names are contributed whenever and wherever met with at Routine Inspection, Inspection Clinics, or suggested by the Teachers or School Attendance Officers.

The cases are reported to the School Attendance Committee and appropriate treatment recommended. The Committee send children to the following Institutions in addition to their own Open-air Camp School at Prestatyn :---

Blind.	Henshaw's Institution for the Blind, Old Trafford, Manchester. Catholic Blind Asylum, Liverpool. Thomason Memorial School for Blind, Bolton. Queen Alexandra Royal Schools for Blind, Birmingham. Fulwood Homes for Blind, Fulwood, Preston. Royal Schools for Blind, Leatherhead, Surrey. Leeds School for Blind, Leeds.
Deaf.	Thomason Memorial School for Deaf, Bolton. St. John's R.C. Institution for Deaf, Boston Spa. Royal Schools for Deaf, Manchester.
Physically Defective.	Royal County Hospital, Heswall. Children's Hospital and Open-Air School, West Kirby. St. Vincent's R.C. Surgical Home for Crippled Children, Eastcote. Biddulph Orthopaedic Hospital School, Biddulph. Bethesda Home for Cripples, Manchester.
Mentally Defective.	Leeds Special School for Mental Defectives, Armley, Leeds. „ „ „ Hunslet Hall Road, Leeds. R.C. Special School, Pield Heath House, Hillingdon, Middlesex. Hastings and St. Leonard's Special School, St. Leonards- on-Sea.
Epileptic.	Maghull Home for Epileptics. St. Elizabeth's R.C. Epileptic Home, Much Hadham, Herts.

If the parents are in a position to do so, they are asked to contribute to the maintenance of their child, the sum being fixed in each case on its merits in accordance with a scale adopted by the Education Committee.

20.—SUMMARY OF WORK OF THE SERVICE.

(a) Number of visits to :—

Schools.....	381
Departments.....	401
Homes of Children.....	447

(b) Number of Certificates issued for :—

Exclusion.....	954
Re-admission.....	447

(c) Number notified to attend School Clinic..	830
Attended.....	1083
Number of Communications to Parents....	3742
Attendances at Treatment Centre.....	11187
Number reported to N.S.P.C.C.....	20
Number of Inspections for Cleanliness.....	10975

J. CLAY BECKITT,

School Medical Officer.

Annual Report of the Aural Clinic

Hon. Surgeon :—Mr. F. PEARCE STURM, M.Ch.

Clinic : Stone House.

To the School Medical Officer.

Sir,

I beg to present the Report of the Aural Clinic for the calendar year 1931.

The Clinic is held on Thursday mornings, but cases requiring daily treatment are attended to by the Nurse, according to instructions, at the Minor Ailment Clinic.

The Staff consists of :—

- (1) The School Medical Officer.
- (2) The Hon. Surgeon of the Clinic.
- (3) Clinic Nurse.

The following table gives particulars of the cases dealt with at the Aural Clinic during the year :—

No. of Clinics held.....	44
New Cases.....	194
Treatment given at Aural Clinic.....	54
Referred to Operative Clinic.....	95
Referred to Private Doctor.....	4
Referred to Leigh Infirmary for Mastoid Operation.....	1
Inspected after Operation at Operative Clinic.....	156
Re-examinations.....	96
Total Attendances.....	444

Nature of disease :—

Otorrhoea	Deafness	Otitis Media	Adenoids	Enlarged Tonsils	Tonsils and Adenoids	Adenitis	Mumps	Eczema of Ear	Laryngitis	Cerumen	Aural Polypi	Mastoiditis	Aural Vertigo	Rhinitis	Catarrh	Deaf Mute	Nasal Obstruction	Cholesteatoma	Otosclerosis	Undiagnosed
36	30	11	36	4	60	3	1	1	1	2	2	11	1	1	1	1	1	1	3	36

Patients are referred to the Clinic in the first instance by the School Medical Officer, always with due regard to the interests of any private medical practitioner concerned.

I am, yours obediently,

F. PEARCE STURM, M.Ch.,

Hon. Aural Surgeon, School Medical Service.

Annual Report of the Operative Clinic

Surgeon : Mr. F. PEARCE STURM, M.Ch.

Clinic : STONE HOUSE.

To the School Medical Officer.

Sir,

This Clinic was established in 1922, and since the date of the opening 1,285 patients have been operated on. A very careful selection of the cases is made, and the necessity for operation firmly established before they are referred for the purpose.

The mere presence of Enlarged Tonsils does not constitute a qualification for operation, and very few of the cases dealt with suffered from Enlarged Tonsils only. The presence of Adenoids, however small, is considered to necessitate operative treatment. The majority dealt with so far have developed into the stage of exhibiting unmistakable objective signs, but it is hoped, when the older and more urgent cases have been dealt with, to treat at an earlier age, and thus prevent the more or less permanent physical defects.

With regard to the method of operation, adenoids are removed by the La Force Adenotome, an instrument whose value it is impossible to over-estimate. Diseased or hypertrophied tonsils are enucleated complete in their capsule by the Sluder method. I have used this method in all cases since 1911, and have yet to meet one to which it is inapplicable.

The following table gives details of the work carried out during the year 1931 :—

Number of Clinics held.....						34	
Examined under Anaesthetic	Adenoids	Tonsils	Adenoids and Tonsils	Removal of Cholesteatoma	Boys	Girls	Total
—	6	1	92	—	41	58	99

I am,

Yours obediently,

F. PEARCE STURM, M.Ch.,

Surgeon.

Annual Report of the Dental Clinic

To the School Medical Officer.

Sir,

I beg to submit the report of the School Dental Clinic for the year ending December 31st, 1931.

Routine Inspection of children under eleven years has been carried out in the schools as in previous years, and defects have been treated as soon as possible after receiving written consent from the parents.

The introduction of a new system of calling up children for treatment has produced a great improvement in attendance. By this system the calling up notices are distributed by the teachers in school at least one day before treatment is to be given. The success of this system is largely due to the help given by the teachers.

Synthetic local anæsthetics have been employed in all suitable cases for the extraction of teeth, and cocaine solutions have been avoided where the operation could be painlessly performed by using the less toxic local anæsthetics.

Twenty-six sessions were devoted to the administration of general anæsthetics, Nitrous Oxide and Oxygen being employed throughout. In these cases parents have been notified and given the usual pre-operative instructions. After the operation patients are carefully examined and do not leave the clinic until the anæsthetist is satisfied with their condition and all bleeding has ceased. In all cases the anæsthesia has been favourable, and there has been no case of excessive hæmorrhage.

Advice on oral hygiene has been given in school by the teachers and by the distribution of leaflets issued by the Dental Board, while at the clinic instruction in oral hygiene is given to children and parents by the Dental Nurse.

I should like to thank the teachers for the great help they have given in carrying out this work, and also the members of the School Medical Service for their kindness and assistance.

I am,

Yours obediently,

LAWRENCE MORAN, L.D.S.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	...	...	...	...	...	...	...	690
Intermediates	...	...	...	...	...	...	...	1383
Leavers	...	...	...	...	...	...	...	818
Total	...	...	...	...	...	...	...	2891

Number of other Routine Inspections 1038

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	821
Number of Re-inspections	...	...	...	...	...	264
Total	...	...	...	...	...	1065

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1931.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment
1					2	3	4	5
Skin	Malnutrition	...	...	...	148	14	4	
	Uncleanliness	...	...	...				
	(See Table IV., Group V.)							
	{ Ringworm :							
	Scalp						3	2
	Body						2	1
	{ Scabies						56	15
Eye	{ Impetigo				25		63	10
	{ Other Diseases (non-Tuberculous)..				8		39	6
	{ Blepharitis				31		19	2
	{ Conjunctivitis				5		38	7
	{ Keratitis							
	{ Corneal Opacities				5		9	1
	{ Defective Vision (excluding Squint)				500	3	110	49
Ear	{ Squint...				51		15	5
	{ Other Conditions				8		11	2
	{ Defective Hearing				116	3	2	2
	{ Otitis Media				82	11	7	
	{ Other Ear Diseases				112		6	1

1					2	3	4	5
Nose and Throat	{	Enlarged Tonsils only	...	...	67	333	14	
		Adenoids only	...	...	54	7	16	1
		Enlarged Tonsils and Adenoids	...	...	160	6	24	2
		Other Conditions	...	...	10		18	8
Enlarged Cervical Glands (Non-Tuberculous)						392		9
Defective Speech					27		2	
Teeth—Dental Diseases								
(See Table IV., Group IV.)								
Heart and Circulation.	{	Heart Disease :						
		Organic	...	...	7		8	1
		Functional	...	...	7		5	
	{	Anæmia	...	...	208		67	5
Lungs	{	Bronchitis	...	...	31		72	12
		Other Non-Tuberculous Diseases	...	...			4	1
Tuber- culosis	{	Pulmonary :						
		Definite	...	...			8	2
		Suspected	...	...		1	5	
		Non-pulmonary :						
		Glands	...	...	1		3	
		Spine	...	...	2		3	
		Hip	...	...	1			1
		Other Bones and Joints	...	...			3	
		Skin	...	...			1	
Other Forms	...	...						
Nervous System	{	Epilepsy	...	...		1	2	
		Chorea	...	...	6		56	2
		Other Conditions	...	...			3	
Defor- mities	{	Rickets	...	...	39	9	23	5
		Spinal Curvature	...	...				
		Other Forms	...	...	6		1	
Other Defects and Diseases					102	3	148	91

B.—NUMBER OF *individual children* FOUND AT *Routine MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEAN- LINESS AND DENTAL DISEASES)*.

Group. 1	Number of Children.		Percentage of Children found to require treatment. 4
	Inspected. 2	Found to require treatment. 3	
CODE GROUPS :			
Entrants	690	197	28
Intermediates ...	1383	533	38
Leavers	818	189	23
Total (Code Groups) ...	2891	919	32
Other Routine Inspections ...	1038	62	6

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA.

—	—	—	Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defects, <i>i.e.</i> , any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling or Heart Disease					
Blind (including partially blind).	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind At Public Elementary Schools At other Institutions At no School or Institution ...		1	1
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the blind or partially blind ... At Public Elementary Schools At other Institutions At no School or Institution ...			
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf At Public Elementary Schools At other Institutions At no School or Institution ...	2 2	3 1	5 3
	(ii) Suitable for training in a School for the partially deaf	At Certified Schools for the Deaf or Partially Deaf ... At Public Elementary Schools At other Institutions At no School or Institution ...	2	1	1 2
Mentally Defective.	Feeble-minded	At Certified Schools for Mentally Defective Children At Public Elementary Schools At other Institutions At no School or Institution ...	8	5	13
	Notified to the Local Mental Deficiency Authority <i>during the year.</i>				
Epileptics.	Suffering from severe epilepsy.	At Certified Schools for Epileptics At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution ...	1		1
	Suffering from epilepsy which is not severe.	At Public Elementary Schools At no School or Institution ...		2 1	2 1

			Boys.	Girls.	Total.
Physically Defective	Active Pulmonary Tuberculosis (including pleura and intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board... .. At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution ..	1		1
	Quiescent or arrested pulmonary tuber- culosis (including pleura and intra- thoracic glands.)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board... .. At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution ...	2 1	1	3 1
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board... .. At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution ...	12	7	19
	Abdominal tuber- culosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board... .. At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution ...		1	1
	Tuberculosis of bones and joints (not in- cluding deformities due to old tuber- culosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board... .. At Public Elementary Schools At other Institutions At no School or Institution ...	4 1 1	2 3	6 4 1
	Tuberculosis of other organs (skin, &c.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board... .. At Public Elementary Schools At other Institutions At no School or Institution ...	5	1	1 5

			Boys.	Girls.	Total.
Physically Defective	Delicate Children (<i>i.e.</i> , all children except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools			
		At Certified Day Cripple Schools			
		At Certified Residential Open Air Schools			
		At Certified Day Open Air Schools			
		At Public Elementary Schools	58	54	112
		At other Institutions			
		At no School or Institution ...	7	4	11
	Crippled Children (other than those with Active Tuberculous Disease), who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	2	1	3
		At Certified Residential Cripple Schools			
		At Certified Day Cripple Schools			
		At Certified Residential Open Air Schools			
		At Certified Day Open Air Schools			
		At Public Elementary Schools	27	22	49
		At other Institutions			
		At no School or Institution ...	3		3
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools			
		At Certified Residential Cripple Schools			
		At Certified Day Cripple Schools			
		At Certified Residential Open Air Schools			
		At Certified Day Open Air Schools			
		At Public Elementary Schools			
		At other Institutions			
		At no School or Institution ...	4	2	6

TABLE IV.—RETURN OF DEFECTS TREATED DURING
THE YEAR ENDED 31ST DECEMBER, 1931.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Defect or Disease. 1	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. 2	Otherwise. 3	Total. 4
<i>Skin—</i>			
Ringworm-Scalp	9	—	9
Ringworm-Body	8	—	8
Scabies	3	—	3
Impetigo	422	—	422
Other Skin Diseases	33	—	33
<i>Minor Eye Defects—</i> (External and other, but excluding cases falling in Group II.)	60	—	60
<i>Minor Ear Defects—</i>	37	—	37
<i>Miscellaneous—</i> (e.g. minor injuries, bruises, sores, chil- blains, etc.)	55 ¹	—	55 ¹
Total	1123	—	1123

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease. 1	Number of defects dealt with.			
	Under the Authority's Scheme. 2	Submitted to refraction by private prac- titioner or at hospital, apart from the Authority's Scheme. 3	Otherwise. 4	Total. 5
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report) ..	171	—	30	201
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)				
Total	171	—	30	201

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	...	...	...	...	168
(b) Otherwise	...	...	...	...	30

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	...	...	...	...	168
(b) Otherwise	...	...	...	...	30

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital. 1	By Private Practitioner or Hospital, apart from the Authority's Scheme. 2	Total. 3		
99	15	114	54	168

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	4...	295	}	Total ... 2380
	5...	438		
	6...	403		
	7...	217		
	8...	243		
	9...	329		
	10...	408		
	11...	46		
	12...	1		
	13...	—		
	14 ..	—		

Specials	...	...	...	...	...	252
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Grand Total...	2632
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(b) Found to require treatment	...	...	...	...	2018
(c) Actually treated	...	...	...	...	1473

(2) Half-days devoted to	{ Inspection... 18 Treatment... 354 }	Total	...	...	372
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(3) Attendances made by children for treatment...	...	...	...	2948
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(4) Fillings	$\left\{ \begin{array}{l} \text{Permanent teeth... } 362 \\ \text{Temporary teeth... } 733 \end{array} \right\}$	Total	...	...	...	1095
(5) Extractions	$\left\{ \begin{array}{l} \text{Permanent teeth... } 282 \\ \text{Temporary teeth... } 3140 \end{array} \right\}$	Total	...	...	...	3422
(6) Administration of general anæsthetics for extractions—	...	...	...	...	...	215
(7) Other operations	$\left\{ \begin{array}{l} \text{Permanent teeth.. } 435 \\ \text{Temporary teeth... } 1110 \end{array} \right\}$	Total	...	...	...	1545

Group V.—Uncleanliness and Verminous Conditions.

- (i) Average number of visits per school made during the year by the School Nurses...8
- (ii) Total number of examinations of children in the Schools by School Nurses...10975
- (iii) Number of individual children found unclean.. 4183
- (iv) Number of children cleansed under arrangements made by the Local Education Authority...Nil
- (v) Number of cases in which legal proceedings were taken :
 - (a) Under the Education Act, 1921...Nil
 - (b) Under School Attendance Byelaws...Nil

